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1400.00 DA

300.00 DA

10/010,507

APPLICATION NO.

FILING DATE

11/13/2001

FIRST NAMED INVENTUR

Kaushik Bardo

November

Anne Croskey

ATTORNEY DOCKET NO. PD201127 (ONET 0103 CONFIRMATION NO. 6474

(Demositur's name)

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TITLE OF INVENTION: SYSTEM FOR REDUCING SERVER LOADING DURING CONTENT DELIVERY

EXAMINER ART UNIT CLASS-SUBCLASS	APPLN. TYPE	SMALL ENTITY	issub feb due	PUBLICATION FEB DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
SHINGLES, KRISTIE D 2141 709-231000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). CRR 1.363). CRR 1.363). CRR 1.363). CRA 1.364. CRA 1.363). CRA 1.363). CRA 1.364. CRA 1.363). CRA 1.363. CRA 1.364.	nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/29/2006
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CFR 1.563). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address' indication for "Fee Address' indication form PTO/SB/122 attached. (2) the name of a single firm (having as a member a registered atmorey or agents) and the mames of up to pTO/SB/122 attached. (3) ASSIGNER NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PILEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment is required. (B) RESIDENCE: (CITY and STATE OR COUNTRY) One Touch Systems Sam Jose, CA US Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Ticorporation or other private group entity Government of Fee(s): (Please first reapply any previously paid issue fee shown above) Sam Jose, CA US	Shingles, Kristie D		2141	709-231000	_		
4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee	CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Tree Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been freeordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (1) the names of up to 3 registered patent attorneys or agents are member a registered attorney or agent) and the names of up to 2 listed, no name will be printed. (2) the name of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE bata to BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, the document has been freeordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Typed or printed name John A. Artz Registration No. 25,824	Issue Fee Publication Fee (N Advance Order - Advance In Entity Sta a. Applicant claim NOTE: The Issue Fee an interest as shown by the Authorized Signature	tus (from status indicate s SMALL ENTITY statu d Publication Fee (if req	d above) as. See 37 CFR 1.27. pired) Will not be accepted to be	☐ A check is enclosed. ☐ Payment by credit car ☑ The Director is hereby overpayment, to Depo	d. Form PTO-2038 is autor authorized to charge the sit Account Number 50 ger claiming SMALL EN the applicant; a registered to the state of the state	nebed. required fee(s), any defice—04/6 (enclose an enclose an enclose an enclose an enclose at the enclose at	ciency, or credit any extra copy of this form).

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